

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

12/22/2003

BIOTECHNOLOGY LAW GROUP
658 MARSOLAN AVENUE
SOLANA BEACH, CA 92075



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>DANIEL M. CHAMBERS</i>	(Depositor's name)
<i>Daniel M. Chambers</i>	(Signature)
MARCH 22, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/756,983	01/09/2001	Salvatore Albani	031544.0004.CIP	6818

TITLE OF INVENTION: ARTIFICIAL ANTIGEN PRESENTING CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	03/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
EWOLDT, GERALD R	1644	424-450000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Biotechnology Law Group*
2. *Daniel M. Chambers*
3. *Douglas C. Mrodoft*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

MARCH 22, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/26/2004 A0000073 09756983

01 FC:2501
02 FC:1504

665.00 OP
300.00 OP

TRANSMIT THIS FORM WITH FEE(S)

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Please type a plus sign (+) inside this box →

MAR 25 2004

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

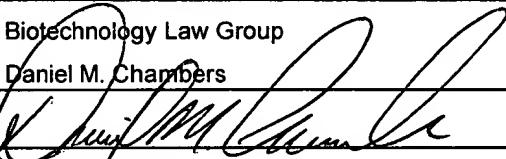
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/756,983
		Filing Date	Jan 9, 2001
		First Named Inventor	Albani, Salvatore
		Group Art Unit	1644
		Examiner Name	Ewoldt, Gerald R.
Total Number of Pages in This Submission		Attorney Docket Number	AND-1001-CIP1

ENCLOSURES (check all that apply)

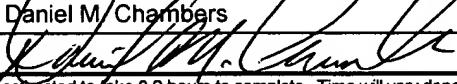
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): ** Issue Fee Transmittal (1 pg) ** check in the amount of \$965.00 ** Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

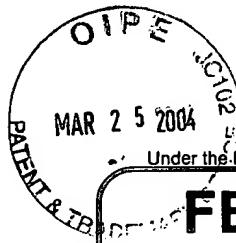
Firm or Individual name	Biotechnology Law Group Daniel M. Chambers
Signature	
Date	March 22, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

Type or printed name	Daniel M. Chambers	Date	March 22, 2004
Signature			

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MAR 25 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 965.00)

Complete if Known

Application Number	09/756,983
Filing Date	9 January 2001
First Named Inventor	Salvatore Albani
Examiner Name	Ewoldt, Gerald R.
Art Unit	1644
Attorney Docket No.	AND-1001-CIP1

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number

 Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	<input type="text"/>
1002	340	2002	170	Design filing fee	<input type="text"/>
1003	530	2003	265	Plant filing fee	<input type="text"/>
1004	770	2004	385	Reissue filing fee	<input type="text"/>
1005	160	2005	80	Provisional filing fee	<input type="text"/>
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	- 3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>

Large Entity	Small Entity	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	<input type="text"/>
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053	130	1053 130 Non-English specification	<input type="text"/>
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	<input type="text"/>
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	<input type="text"/>
1251	110	2251 55 Extension for reply within first month	<input type="text"/>
1252	420	2252 210 Extension for reply within second month	<input type="text"/>
1253	950	2253 475 Extension for reply within third month	<input type="text"/>
1254	1,480	2254 740 Extension for reply within fourth month	<input type="text"/>
1255	2,010	2255 1,005 Extension for reply within fifth month	<input type="text"/>
1401	330	2401 165 Notice of Appeal	<input type="text"/>
1402	330	2402 165 Filing a brief in support of an appeal	<input type="text"/>
1403	290	2403 145 Request for oral hearing	<input type="text"/>
1451	1,510	1451 1,510 Petition to institute a public use proceeding	<input type="text"/>
1452	110	2452 55 Petition to revive - unavoidable	<input type="text"/>
1453	1,330	2453 665 Petition to revive - unintentional	<input type="text"/>
1501	1,330	2501 665 Utility issue fee (or reissue)	\$ 665.00
1502	480	2502 240 Design issue fee	<input type="text"/>
1503	640	2503 320 Plant issue fee	<input type="text"/>
1460	130	1460 130 Petitions to the Commissioner	<input type="text"/>
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806	180	1806 180 Submission of Information Disclosure Stmt	<input type="text"/>
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1810	770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
1801	770	2801 385 Request for Continued Examination (RCE)	<input type="text"/>
1802	900	1802 900 Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			\$300.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 965.00)

(Complete if applicable)

Name (Print/Type)	Daniel M. Chambers	Registration No. (Attorney/Agent)	34,561	Telephone	858-350-9690
Signature		Date	March 22, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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